

DECLARATION OF INDEMNITY
in connection with carriage of patients by Croatia Airlines

IZJAVA O NAKNADI ŠTETE
u svezi s prijevozom bolesnika Croatia Airlinesom

Please use block letters/
Molimo koristite tiskana slova

Full name of passenger/
Ime i prezime putnika _____

Permanent address/
Stalna adresa _____

Present address/
Adresa privremenog boravka _____

Flight details / Let

Flight No. _____ Date _____ From _____ To _____

Flight No. _____ Date _____ From _____ To _____

The undersigned hereby exempts Croatia Airlines, its personnel and agents from all responsibility for a possible aggravation of the state of health which might be consequent on transportation by aircraft even if such an aggravation should be due to a measure taken or a special service offered by the carrier in connection with the transportation.

Insofar as the aforementioned provisions do not provide otherwise, carriage is subject to the rules relating to liability as contained in the Croatia Airlines "General Conditions of Carriage (Passenger and Baggage)".

The undersigned assumes all the transportation costs which might occur and is liable for any damage caused to Croatia Airlines or third person during the flight.

Dolje potpisani ovime oslobađa Croatia Airlines, njegovo osoblje i zastupnike svake odgovornosti za moguće pogoršanje zdravstvenog stanja koje bi moglo uslijediti zbog prijevoza avionom, pa čak i ako bi došlo do pogoršanja uslijed poduzetih mjera ili pruženih posebnih usluga od strane prijevoznika u svezi s prijevozom.

Ukoliko nije drugačije ugovoreno, prijevoz podliježe propisima o obvezama, koji su navedeni u "Općim uvjetima prijevoza (putnika i prtljage)" Croatia Airlines-a.

Dolje potpisani se obvezuje da će podmiriti sve dodatne troškove koji mogu nastati uslijed prijevoza i preuzima odgovornost za svaku štetu koju bi mogao prouzročiti Croatia Airlines-u ili trećoj osobi tijekom leta.

Place and date/
Mjesto i datum

Signature of passenger or authorized person/
Potpis putnika ili opunomoćene osobe